

# WORKPLAN

(August 2002 – July 2003)

## HEALTH SECTOR REFORM AND DECENTRALIZATION PROJECT

### REDSALUD

Presented to:

Sarah Majerowicz, Cognizant Technical Officer  
United States Agency for International Development (USAID)  
Mission to the Dominican Republic  
USAID Contract #517-C-00-00-00140-00

SO 10: Sustained Improvement in the Health of Vulnerable Populations in the Dominican Republic

Presented by:

Abt Associates Inc.  
Santo Domingo, Dominican Republic

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Date:

September 2002

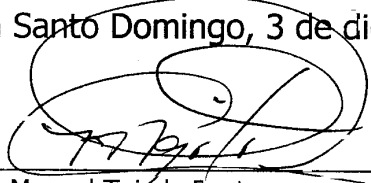


## DECLARACIÓN

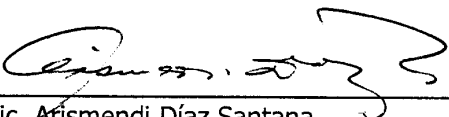
Los abajo firmantes, representantes de instituciones integrantes del nuevo Sistema de Salud y Seguridad Social en la República Dominicana y responsables de su puesta en ejecución, declaramos:

1. Reconocer el valioso apoyo de REDSALUD a nuestras instituciones y al avance del proceso de Reforma del Sector Salud y de la Seguridad Social en Salud.
2. Nuestra aprobación y respaldo al Plan de Trabajo para el período 2002-2003, presentado por el Proyecto de Reforma y Descentralización de Salud (REDSALUD), que patrocina la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID).
3. Manifestar nuestra disposición de continuar trabajando en estrecha colaboración y coordinación con el proyecto REDSALUD.

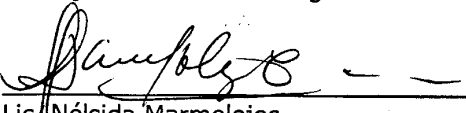
En Santo Domingo, 3 de diciembre del 2002,



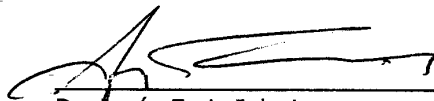
Dr. Manuel Tejada Beato  
Subsecretario de Atención Primaria  
SESPAS



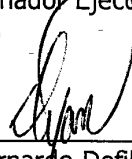
Lic. Arismendi Díaz Santana  
Gerente General  
Consejo Nacional de la Seguridad Social



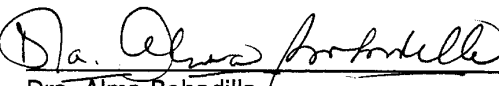
Lic. Nélsida Marmolejos  
Directora  
DIDA



Dr. Jesús Feris Iglesias  
Coordinador Ejecutivo  
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## **Introduction**

In July of 2000, the United States Agency for International Development (USAID), mission to the Dominican Republic, entered into contract with Abt Associates Inc. for the implementation of the Health Reform and Decentralization Project (REDSALUD) for the 2000-2005 period.

The primary objective of the project is to contribute to achieving USAID's Strategic Objective 10, "Sustained improvement in the health of vulnerable populations in the Dominican Republic" (previously known as SO2). At the same time, REDSALUD intends to contribute directly to the achievement of Intermediate Results 10.4, "improved efficiency and equity of basic health services at the local level" and 10.1, "increased use of HIV/AIDS services and prevention". The project will also contribute indirectly to accomplishing Intermediate Results 10.2 and 10.3, "sustainable and effective reproductive health and family planning services delivered by private and public sector" and "increased use and effectiveness of selected child survival services", respectively.

The objectives of Project REDSALUD, described in the previous paragraph, are coherent and support the Government of the Dominican Republic, which has defined health as one of its five main priority areas. SESPAS, whose role as rector of the health system has recently been bolstered by the passing of the law 42-01, is working together with the National Social Security Council and other entities created as a result of law 87-01, to form the Dominican Social Security System (SDSS). This system has clearly identified the need to strengthen health service provision, focusing on primary health care services as the foundation for an integrated service network, with special attention on vulnerable and marginalized populations.

The first year of the project was characterized by numerous activities aimed at introducing and strategically positioning the project within the context of health sector reform in the Dominican Republic. The second project year consisted of the design and implementation of 3 demonstration projects (focused on improving management capacity and primary health care services provision in the public sector – rural / urban clinics, UNAP), which prioritize programs such as immunization and diarrheal prevention and control. These activities were developed in Health Region V, geographical area assigned by SESPAS to REDSALUD during the first year of the project. In addition to efforts to improve local management capacity, other activities carried out were in support of SESPAS at the national level, support of a favorable policy environment for the SDSS, and support to general project needs.

Also, during the second year REDSALUD decided to adjust its strategy in the development of the new phase of demonstration projects based on experience with efforts currently underway and given the importance of staying closely aligned with the general health and social security laws approved by mid-2001. These projects will also be directed at improving management capacity and public health services provision, but will include special attention to the organization of integrated provider networks that include basic health services and specialized care.

The following list presents some of the important project achievements for the period August 2000 – July 2002.

- Establishment of local office with appropriate technology that serves as center for technical support carried out in Region V.

- Consolidation and training of a technical team comprised mostly by Dominican professionals, as part of the local capacity building process for long-term sustainability.
- Establishment of contacts with institutions and national authorities (SESPAS, CERSS, IDSS, NGOs, private sector) in the discussion, planning and definition of strategic actions.
- Training in diverse managerial aspects (cost analysis course, Flagship course, management capacity building) to local and regional personnel.
- Different policy dialogue activities (events, seminars, presentations) that served as opportunities for discussion and reach consensus about the direction and content of reform proposals.
- Conformation of REDSALUD's Advisory Council, an inter-institutional advisory body which acts as advisor in the discussion and definition of project strategies.
- Technical support to various actors and institutions (SESPAS, CERSS, SISSALRIL, DIDA, CNSS, ARSs, NGOs) in the discussion and development of the health and social security laws and their respective regulations.
- Formulation and implementation of 3 demonstration projects in Hato Mayor, El Seibo and La Romana.
- Discussion and definition, with local and regional stakeholders, the profiles, areas and strategies to be used in the new demonstration projects
- Discussion concerning the design of a human resources training program, with emphasis in health service management and social security.

The third year for REDSALUD-USAID Project will bring significant challenges in consolidating the processes initiated, while concurrently meeting the demands of the Dominican Social Security System. Key strategies to institute the new health and social security legal framework in the upcoming years include a gradual transition of functions at central, regional and provincial levels of SESPAS; the development and consolidation of regional service provision networks; the adoption of accountability practices; and the incorporation of "vertical" programs such as the prevention and control of HIV/AIDS and tuberculosis in the basic health package.

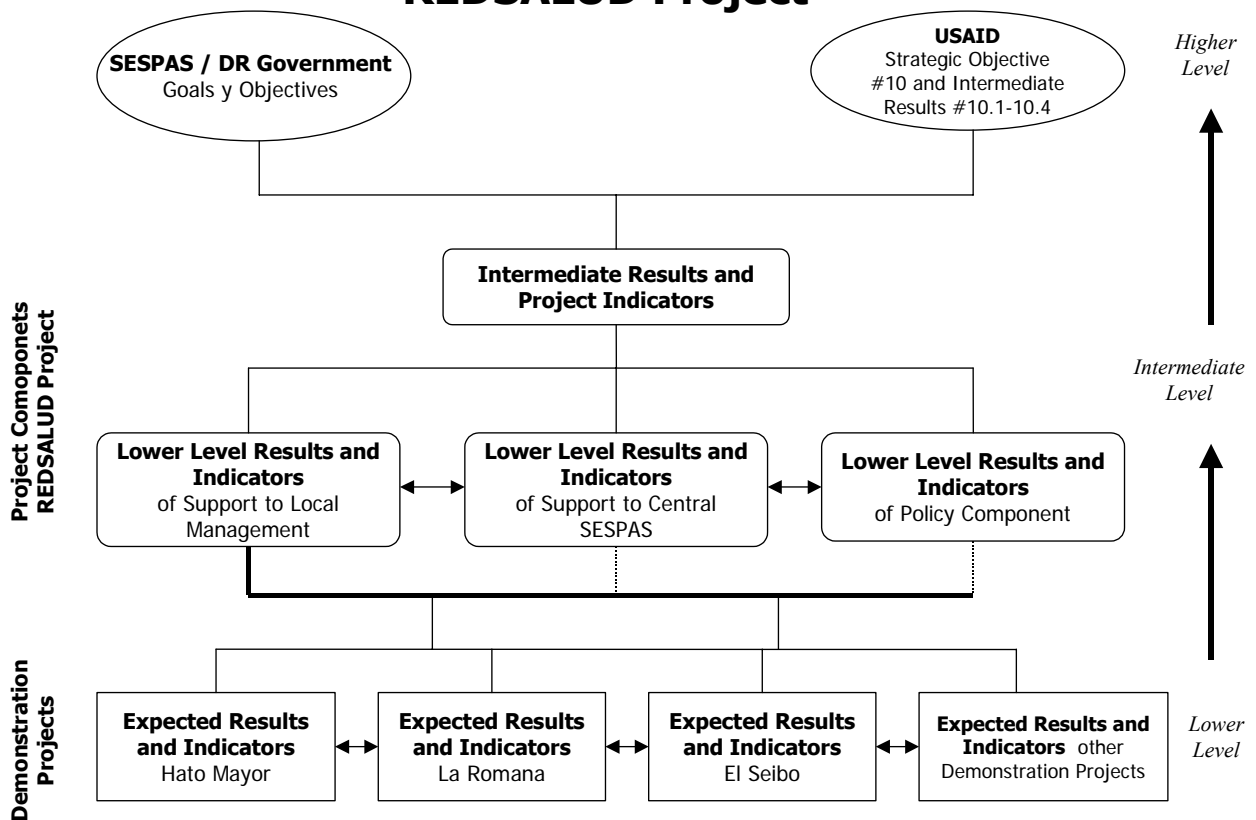
The following workplan is presented for the third year of the project (August 2002 – July 2003) and includes a brief analysis of the organizational structure, the general flow of information, and the interrelation between the expected results of both USAID and REDSALUD. This plan is organized into four sections: one is a general section that contains activities pertaining to global aspects of the project and 3 additional sections whose activities are related to implementation of each one of the technical components of the project. We should highlight that this project is implemented in an integrated manner, which is a basic guiding principle for its development.

### **Organizational Structure and Information Management**

In addition to general project activities, REDSALUD is organized into three interrelated components: Support to Local Management, Support to Central SESPAS and Support to a Favorable Policy Environment.

The basic project strategy is to develop 14 demonstration projects, which allow for the design, implementation, evaluation and institutionalization of innovations related to health sector reform, essentially implemented through the Support to Local Management component. However, the other two components of the project are responsible for integrating their efforts in all project initiatives that are undertaken (see diagram below).

## Flow of Information REDSALUD Project



The demonstration projects use different management tools and strategies, according to their institutional capacity and particular needs, designed to reach the common goals of improving access, quality and efficiency in local health services.

The structure of REDSALUD enables a flow of information through all levels of the project that goes both vertically and horizontally. The workplan for the third year of operation aims to highlight the link between the activities proposed and each lower level or intermediate result. This "causal" relationship between activities and results that permits both a vertical and horizontal flow of information between project levels is described below:

- 1) Higher level includes the goals and objectives of USAID and the Dominican government.
- 2) Intermediate level includes the intermediate and lower level results of the REDSALUD Project.
- 3) The lower level consists of expected results of the demonstration projects. Specific expected results for this level will depend on the design of each individual demonstration project and will be identified at the initiation of each project. Illustrative indicators for this level have been included in the work plan for Support to Local Management component.

It is worth highlighting that the previously mentioned common goals of access, efficiency and quality will be constant throughout all the demonstration projects.

### **REDSALUD's Strategic Vision for Year 3**

The following is a brief description of REDSALUD's strategic vision for the third year of project implementation. This vision is the result of a recent situational analysis of the reform process, discussions with stakeholders particularly at the local level and the results of a participatory process of reflection conducted by the project team to determine the focus and direction for the third year, and thereafter.

#### **General**

During the first year REDSALUD established a base from which to operate and execute the project. At this point, the project finds itself with a high level of acceptability and credibility among its local counterparts. The approval of the new legal framework, especially the social security law, constitutes an important platform from which project strategies and activities will be expanded. In general, REDSALUD will focus its efforts on identifying opportunities for technical assistance in support of the new social security system. The law (87-01) has identified deadlines for creation and operation of various institutions in order to fully implement its mandate. Such institutions need to develop technical and administrative skills in order to operate effectively and efficiently. The project has been attempting to build a rapport with the National Health Insurance, DIDA, SISALRIL and National Social Security Council (CNSS) in order to participate in the various technical commissions in charge of defining such areas as the regional structures, basic health package and the functions of the Superintendent of Health and Occupational Safety, etc.

Other general project activities to be implemented this upcoming year are related to follow-up of the monitoring and evaluation plan. A results framework has been developed that includes aspects of higher or more global environment (USAID and DR government), the project level evaluation needs, and various aspects of the different demonstration projects. During the second year baseline data was collected, which will be reviewed periodically to determine the degree to which project objectives are being met. REDSALUD's Advisory Council, consisting of key representatives from institutions involved in health sector reform in the DR, serves to analyze the project's progress. In addition to this role, the Council provides guidance and gives support to project activities.

The third year of operation will also include the systematic collection of information to be disseminated as a means of reporting the processes being implemented and results achieved by REDSALUD. The project will continue with production of the website, newsletter and brochure. Finally, the project will continue participating in activities coordinated by USAID and its partners. REDSALUD will sponsor the participation of Dominicans in training activities concerning important health sector reform issues.

#### **Technical Component Support to Local Management**

During the third year of operation this component will continue to follow up with the demonstration projects currently underway and, as planned, will expand their scope and adjust them to the current health sector reform atmosphere. In addition, the 11 remaining demonstration projects will be initiated during this year. Their frame of reference will be the government's national strategies for creation of the Dominican Social Security System, particularly related to strengthening institutional management capacity and client-centered services at the local level. The main strategy, however, will be the organization and operation of regional service provision networks comprised of primary health care services complemented by specialized care. Also important will

be the development of projects including social participation as a fundamental component to promoting accountability and transparency.

As previously mentioned, baseline data collection for the new demonstration projects was conducted by using measurement instruments developed specifically for this purpose. These initiatives included the participation of patients, the DPS technical teams and other relevant participating institutions. In addition, these projects include short and medium term efforts to strengthening human resources capacity and specific managerial skills, as well as formal management training courses for administrative staff.

Finally, activities of this component include study tours to other countries to learn about similar local management experiences and to provide support to the development of the policy dialogue and operational tools necessary.

### **Technical Component Support to Central Level SESPAS**

This component is responsible for facilitating the transition process for Central SESPAS in accordance with the conditions identified in the new legal framework. As such, it should serve as a “bridge” between the demonstration projects at the local level and their potential institutionalization. This requires support to conduct studies and elaborate proposals geared towards redefining objectives, and management and financing configurations of important public health programs that have traditionally been of a vertical and centralized nature. Likewise, the component will aim to develop central SESPAS’ capacity to decentralize through the use of planning, programming and budgeting tools, information systems, epidemiological surveillance, human resources management, and licensure and accreditation, among others. Accordingly, this component will coordinate closely with other initiatives that provide support to SESPAS. As demonstration projects show effective solutions this component will support their dissemination and adoption by upper level SESPAS units.

One important aspect of this technical component is the cooperative effort in the area of prevention and control of HIV/AIDS. Focus will be on bringing health personnel of the region up-to-date on issues concerning the current situation and epidemic in the territories assigned to REDSALUD (especially Region V) and to define strategies and interventions with the local health teams and the organizations at Central SESPAS (DIGECITSS) as well as others (COPRESIDA). This will help to initiate the consolidation of effective decentralization mechanisms of these programs as well.

### **Technical Component Support to a Favorable Policy Environment for Reform**

This component, as well as the previous one, will provide the necessary support for implementation of the demonstration projects. However, it is also responsible for maintaining policy dialogue on a larger scale in order to promote favorable conditions for advancing and consolidating the reform effort at the national level. Actions will be carried out at the local level, such as political mapping and policy dialogue events, with the purpose of promoting the demonstration projects and their environment. This will be achieved in cooperation with the media.

The cycle of this component can be described in the following phases. During the first phase of project life, the component was responsible for establishing favorable conditions to initiate the project through such activities as presentations, contacts with key people or institutions, etc. During the second phase, with full execution and consolidation in years 2-4, the policy component will work to establish and maintain favorable conditions for the implementation of the

demonstration projects. Emphasis will be on the local level without neglecting the wider, more global environment. Given this, work aimed at elaborating and passing the necessary regulations in order to get underway with the new legal framework is essential. Likewise, it will be necessary to maintain a flow of information to improve the knowledge level about and support for reform. It is important to identify and support the change agents (or critical mass) that will be responsible for directing and advancing the process.

Towards the end of the project this component will support efforts to systematize, disseminate and institutionalize the work in order to assure sustainability. It is worth mentioning the importance of INSALUD's role in the execution of this technical component. REDSALUD will explore and identify other mechanisms for accomplishing the proposed objectives for this component and the project in general, such as the contracting of specialized consultants, according to needs / circumstances.

**REDSALUD OPERATIONAL PLAN AUGUST 2002– JULY 2003**  
*“GENERAL PROJECT ACTIVITIES”*

Intermediate Results (IR)	Activities	2002					2003							Responsible
		A	S	O	N	D	J	F	M	A	M	J	J	
<p><b>IR 10.4.1</b> Improved local health services management and operational capacity through the design and implementation of demonstration projects.</p> <p><b>IR 10.4.2</b> Strengthened SESPAS’ rectorship, through improved management and coordination capacity between central and local levels, to institutionalize and support health reform policies and innovations.</p> <p><b>IR 10.4.3</b> Improved understanding and cooperation, by central and local level political and technical health sector actors (public and private), for planning and implementing health reform effectively.</p>	<b>Elaboration of Operational Plan for 2002-03</b>													
	Preparation of operational plans by technical components													EDL, ESC, EP
	Compilation of general operational plan and technical components													PM, JD
	Submit draft of operational Plan to USAID for observations													JD
	Make adjustment and edit operation plan according to comments received													PM, JD
	Send operational plan 2002-03 to USAID for approval													JD
	<b>Support to organization and consolidation of the new Dominican Social Security System</b>													
	Meetings with various entities of SDSS to identity priority areas to support (SISARIL, SENASA, among others)													PM, LM
	Incorporation of REDSALUD in various work commissions of these entities in order to provide support													Equipo
	Identify and hire consultants													PM, Equipo
	<b>Follow-up to REDSALUD’s Monitoring and Evaluation Plan</b>													
	Finalize written plan for approval by USAID													Consultores, JD
	Presentation and discussion of results with Advisory Council													EP, PM
	Prepare and publish results in journals / specialized magazines (minimum of 2 articles)													PM, LM
	Follow-up with the evaluation process for all events, activities, publications, etc.													JD
	<b>Develop and apply mechanisms for information / dissemination about REDSALUD</b>													
	Update web site													JD
	Explore feasibility of creating a virtual library through the web site													JD
	Prepare REDSALUD newsletter													EP, JD, PM
	Disseminate REDSALUD newsletter													EP
	Preparation and submission of quarterly reports and Year 2 annual report													Equipo
	<b>Follow-up to meetings with USAID partners</b>													
	Promote and follow-up activities of coordination with other USAID partners.													PM

*EDL – Equipo Desarrollo Local, ETC – Equipo Técnico Coordinador, EERSG – Equipo Evaluador Reconocimiento Social por la Gestión, SESPAS – Secretaria de Salud Pública y Asistencia Social, AID – La Agencia de los Estados Unidos para el Desarrollo Internacional, Abt – Abt Associates Inc., ESC - Equipo SESPAS Central, EP – Equipo Políticas, GDLR – Guillermo de la Rosa, AM – Antonio Mena, JD – JoEllen DeThomasis, CA – Carmen Adamés, MCW – Maria del Carmen Wiese, DPS – Dirección Provincial de Salud, DRS – Dirección Regional de Salud, RRHH – Recursos Humanos, CERSS – Comisión Ejecutiva Para la Reforma del Sector Salud, PAI – Programa Ampliado de Inmunización, OPS – Organización Panamericana de Salud, DIGECITSS – Dirección General de Control de Enfermedades Transmitidas Sexualmente y SIDA, PNCT – Programa Nacional de Control de Tuberculosis, PM – Patricio Murgueytio, ET – Equipo Técnico, LM – Luis Morales, MD – Meicy Díaz*

Intermediate Results (IR)	Activities	2002					2003							Responsible
		A	S	O	N	D	J	F	M	A	M	J	J	
<b>IR 10.4.1</b> Improved local health services management and operational capacity through the design and implementation of demonstration projects.	<b>Follow-up to REDSALUD Advisory Council meetings</b>													
	Conduct advisory council meeting during first quarter to approve key documents (workplan, annual report, monitoring and evaluation report)													PM, EP, MD
	Conduct subsequent meetings													PM, EP, MD
<b>IR 10.4.2</b> Strengthened SESPAS’ rectorship, through improved management and coordination capacity between central and local levels, to institutionalize and support health reform policies and innovations.	<b>Support to local and international training activities</b>													
	Identify activities and participants for programs aimed at strengthening technical competencies in support of health reform (ex. Flagship course)													AM, LM
	<b>Support to development of Specialized Course in Health Services Management and Social Security</b>													AM, LM, PM
	Design program													
	Update and standardize knowledge of participants													
<b>IR 10.4.3</b> Improved understanding and cooperation, by central and local level political and technical heath sector actors (public and private), for planning and implementing health reform effectively.	Implement program													
	Monitoring and evaluation													

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REDSALUD OPERATIONAL PLAN AUGUST 2002- JULY 2003

"SUPPORT TO LOCAL MANAGEMENT"

Intermediate Result 10.4.1 Improved local health cervices management and operational capacity through the design and implementation of demonstration projects.

Indicator: The level of management capacity and autonomy in the local health services connected with the demonstration projects.

Indicator: The access poor populations have to basic health services that are connected with demonstration projects.

Indicator: The number of demonstration projects implemented by REDSALUD; measured by the number of contracts signed.

Programmatic Results (PR)	Illustrative Indicators for Programmatic Results	Activities	2002					2003						Responsible		
			A	S	O	N	D	J	F	M	A	M	J		J	
<b>PR 10.4.1a</b> Improved efficiency in resource utilization by local health service providers involved in demonstration projects.  <b>PR 10.4.1b 2</b> Improved cooperation and coordination mechanisms among local service providers to implement demonstration projects.  <b>PR 10.4.1c</b> Improved community participation mechanisms developed and institutionalized, in support of local demonstration projects.  <b>PR 10.4.1d</b> Improved quality of basic health services related to demonstration projects.	<p>Measures of efficiency in utilization of resources, in terms of:</p> <ul style="list-style-type: none"><li>Productivity</li><li>Distribution</li><li>Integration of technical and economic resources</li><li>Sustainability</li><li>Reduction in costs through economies of scale</li></ul> <p>Number of strategies / tools used to strengthen the cooperation and coordination among providers, in such areas as:</p> <ul style="list-style-type: none"><li>Patient referral system</li><li>Supplies system</li><li>Quality control system</li></ul> <p>Number of strategies / tools used to strengthen community participation.</p> <p>Measures of quality in basic health services, in such areas as:</p> <ul style="list-style-type: none"><li>Technical results</li><li>User Satisfaction</li><li>Timeliness</li></ul>	<b>Support the 3 demonstration projects initiated to strengthen local management capacity, via EPI and Diarrheal Prevention and Control programs</b>												EDL		
		<ul style="list-style-type: none"><li>Support development of the three operational plans for the 2<sup>nd</sup> year of the demonstration projects (EPI, Diarrheal control)</li></ul>														
		<ul style="list-style-type: none"><li>Collaboration in the creation and implementation of 3 performance agreements between the DPS, health providers, community organization representatives and other provincial institutions where REDSALUD is implementing these demonstration projects.</li></ul>														
		<ul style="list-style-type: none"><li>Training in the preparation of administrative and financial reports for the technical teams in the 3 DPS that implement demonstration projects (approximately 50 people)</li></ul>														
		<ul style="list-style-type: none"><li>Exchange of experiences among the 3 demonstration projects.</li></ul>														
		<ul style="list-style-type: none"><li>Develop a management training program (ex. quality, human resources management, etc) for at least 120 technical personnel from the local level / DPS, provincial and municipal hospitals, rural clinics of the 3 provinces where the projects have been initiated.</li></ul>														
		<ul style="list-style-type: none"><li>Training for at least 400 staff members at directive and service provision levels in the technical content of the project and various health topics (ex. Cold Chain for vaccines, treatment of ADD).</li></ul>														
		<ul style="list-style-type: none"><li>Design and installation of managerial information systems in support of the EPI and ADD projects (installation of 16 computers, Internet, software, including vaccine and ADD programs)</li></ul>														EDL/JD
		<ul style="list-style-type: none"><li>Remodeling of physical area to develop the second phase of the projects (installation of 5 oral rehydration units)</li></ul>														EDL
		<ul style="list-style-type: none"><li>Implement an IEC system to provide strategic support to the demonstration projects (design and distribution of brochures, posters, street signs, etc.)</li></ul>														EDL

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Programmatic Results (PR)	Illustrative Indicators for Programmatic Results	Activities	2002					2003						Responsible			
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		• Redesign and develop logistics for the new demonstration projects in Region V.															
		• Establish 2 evaluation teams for the new project proposals.															
		• Evaluate and select winning proposals and the inter-provincial teams that will implement these new projects.															
		• Diffuse information to stakeholders on the technical / operational regulations that apply to the development of the new demonstration projects.															
		• Sign agreements between health providers in Region V and USAID to implement new demonstration projects.															
		• International study tours (with participation of at least 20 technical personnel from the local level, DPS representatives and health providers in Region V)															
		• Visits within the country to exchange experiences (Hospital Jaime Mota, Juan XXIII, Cabral and Báez, Luis E. Aybar, Orden de Malta, among others) with the participation of at least 20 technical personnel from the local level, DPS and health care providers of Region V).															
		• Develop a health services management training program (ex. Quality of services, productivity, etc) for at least 500 technical personnel at administrative and health service provision levels.															
		• Preparation of physical areas where new projects will be implemented in each of the municipal, provincial and regional hospitals in Region V.															
		• Installation of management information system (at least 50 computers with software, internet) as a support strategy for the new projects.														EDL	
		• Implement IEC system to strategically support the new projects.															
		<b>Develop a monitoring and evaluation plan for the demonstration projects according to their respective results framework.</b>															EDL/ JD
		• Disseminate results of baseline data collection for the Management and Autonomy Index and User Satisfaction surveys developed in Region V with the DPS, health providers and the users of public health services.															
		• Disseminate results of the Inventory of Public and Private Health Providers in Region V.															

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Programmatic Results (PR)	Illustrative Indicators for Programmatic Results	Activities	2002					2003						Responsible
			A	S	O	N	D	J	F	M	A	M	J	
<b>PR 10.4.1a</b> Improved efficiency in resource utilization by local health service providers involved in demonstration projects.  <b>PR 10.4.1b 2</b> Improved cooperation and coordination mechanisms among local service providers to implement demonstration projects.  <b>PR 10.4.1c</b> Improved community participation mechanisms developed and institutionalized, in support of local demonstration projects.  <b>PR 10.4.1d</b> Improved quality of basic health services related to demonstration projects.	<p>Measures of efficiency in utilization of resources, in terms of:</p> <ul style="list-style-type: none"><li>Productivity</li><li>Distribution</li><li>Integration of technical and economic resources</li><li>Sustainability</li><li>Reduction in costs through economies of scale</li></ul> <p>Number of strategies / tools used to strengthen the cooperation and coordination among providers, in such areas as:</p> <ul style="list-style-type: none"><li>Patient referral system</li><li>Supplies system</li><li>Quality control system</li></ul>	<ul style="list-style-type: none"><li>Develop data collection protocol for the demonstration project supervision plan for the patient-centered services office and training of local partners (DPS personnel and health providers).</li></ul>												EERSG
		<ul style="list-style-type: none"><li>Supervision and monitoring of demonstration projects.</li></ul>												
		<ul style="list-style-type: none"><li>Support to the development of a feedback plan following field visits.</li></ul>												
		<ul style="list-style-type: none"><li>Intermediate evaluations of the activities being implemented by the demonstration projects.</li></ul>												
		<ul style="list-style-type: none"><li>Improvement plans for the projects initiated, as a result of the evaluations conducted.</li></ul>												
		<ul style="list-style-type: none"><li>Social recognition for good management practices (Diplomas, scholarships, award, TV coverage, among others).</li></ul>												
	<p>Number of strategies / tools used to strengthen community participation.</p> <p>Measures of quality in basic health services, in such areas as:</p> <ul style="list-style-type: none"><li>Technical results</li><li>User Satisfaction</li><li>Timeliness</li></ul>	<b>Social Participation</b>												EP / EDL
		<ul style="list-style-type: none"><li>Conduct inventory of community organizations in Region V.</li></ul>												
		<ul style="list-style-type: none"><li>Identify and classify social leaders in Region V.</li></ul>												
		<ul style="list-style-type: none"><li>Create at least 40 community support committees.</li></ul>												
		<ul style="list-style-type: none"><li>Community meetings in accordance with demonstration project plans.</li></ul>												
		<ul style="list-style-type: none"><li>Training for at least 300 community leaders, 5 DPS personnel and 15 health service providers in technical aspects of participation and social control (monitoring and evaluation of public health management, performance evaluation).</li></ul>												EDL

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**REDSALUD OPERATIONAL PLAN AUGUST 2002- JULY 2003**  
*"SUPPORT TO CENTRAL SESPAS"*

**Intermediate Result 10.4.2** *Strengthened SESPAS' rectorship, through improved management and coordination capacity between central and local levels, to institutionalize and support health reform policies and innovations.*

**Indicator:** Level of management and coordinating capacity of central SESPAS units connected with REDSALUD within the framework of health reform and decentralization.

**Indicator:** Number of strategies / tools developed, adopted and adapted to improve the management, regulation and coordination capacity of health and social security policies among the central level SESPAS and local levels, associated with demonstration projects

Programmatic Results (PR)	Indicators for Programmatic Results	Activities	2002					2003						Responsible	
			A	S	O	N	D	J	F	M	A	M	J		J
<b>PR 10.4.2a</b> Greater understanding and support, by central SESPAS leaders and personnel, of health service management tools and other innovations for reform and decentralization.  <b>PR10.4.2b</b> Mechanisms of coordination and control, that guide and regulate local and regional health service provider networks, formulated, promoted and applied by SESPAS.  <b>PR10.4.2c</b> Mechanisms identified and implemented to support SESPAS / DIGECITSS interventions focused on strengthening local programs and services for HIV/AIDS prevention and control.	# of SESPAS personnel in areas and departments related directly with REDSALUD, that participate in the elaboration, application and evaluation of one or more management tools at the local level.	<b>Support and strengthen communication, information and coordination between SESPAS (central level) and REDSALUD</b>													ESC, Subsecretaria de AP, Sub-secretaria Técnica, PAI, TB, Materno Infantil, RRHH
	# of key SESPAS personnel at central and regional levels that are formally involved in the development of innovative management experiences during the 1st, 3rd and 5 <sup>th</sup> year of the Project.	<ul style="list-style-type: none"><li>Regular meetings with SESPAS’ technical programs to exchange information on demonstration project advances, as well as SESPAS’ strategies and activities.</li></ul>													
	# of management and regulatory innovations in support of local level management formulated and implemented by SESPAS.	<ul style="list-style-type: none"><li>Constant sharing of information with SESPAS on REDSALUD events and meetings as well as technical documents generated by the project.</li></ul>													
	# of administrative and financial innovations in support of local level management formulated and implemented by SESPAS.	<ul style="list-style-type: none"><li>Three meetings to disseminate information and create opportunities for discussion on the advances of the demonstration projects and the application of new experiences in other regions and provinces.</li></ul>													Equipo REDSALUD, Subsecretaria de AP, Sub-secretaria Técnica, PAI, TB, Materno Infantil, RRHH
	# of support activities for HIV/AIDS services, coordinated with SESPAS / COPRESIDA / DIGECITSS, other governmental organizations, the private sector and other donors.	<ul style="list-style-type: none"><li>Three field visits to demonstration projects by SESPAS personnel and members of technical component Support to SESPAS Central.</li></ul>													
	# of DPS where REDSALUD is working, under the coordination of SESPAS / DIGECITSS, in the implementation of the Provincial Operational Plans (POP) of HIV/AIDS.	<b>Technical cooperation to central and regional levels to support and facilitate improved management, regulatory and Essential Public Health Functions (EPHF) capacity in the transition process currently underway.</b>													

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Programmatic Results (PR)	Indicators for Programmatic Results	Activities	2002					2003						Responsible
			A	S	O	N	D	J	F	M	A	M	J	
<p><b>PR 10.4.2a</b> Greater understanding and support, by central SESPAS leaders and personnel, of health service management tools and other innovations for reform and decentralization.</p> <p><b>PR10.4.2b</b> Mechanisms of coordination and control, that guide and regulate local and regional health service provider networks, formulated, promoted and applied by SESPAS.</p> <p><b>PR10.4.2c</b> Mechanisms identified and implemented to support SESPAS / DIGECITSS interventions focused on strengthening local programs and services for HIV/AIDS prevention and control.</p>	# of SESPAS personnel in areas and departments related directly with REDSALUD, that participate in the elaboration, application and evaluation of one or more management tools at the local level.	<ul style="list-style-type: none"><li>Workshop to analyze and discuss the results of the Management and Autonomy Index (MAI) applied at the central level, with the participation of representatives from the various technical programs surveyed.</li></ul>												Sub-secretaria AP, Sub-secretaria Técnica, PAI, Materno Infantil, PNCT, RRHH, Estadísticas, Planificación, Calidad
	# of key SESPAS personnel at central and regional levels that are formally involved in the development of innovative management experiences during the 1st, 3rd and 5 <sup>th</sup> year of the Project.	<ul style="list-style-type: none"><li>International consultant to support the development of strategies for the transition process for priority programs</li></ul>												
	# of management and regulatory innovations in support of local level management formulated and implemented by SESPAS.	<ul style="list-style-type: none"><li>Two meetings to identify and elaborate management tools and strategies based on the results of the MAI and the regulations defined for rectorship, licensure and the application of EPHF.</li></ul>												
	# of administrative and financial innovations in support of local level management formulated and implemented by SESPAS.	<ul style="list-style-type: none"><li>Prepare workplans to support the development of the tools identified.</li></ul>												
	# of support activities for HIV/AIDS services, coordinated with SESPAS / COPRESIDA / DIGECITSS, other governmental organizations, the private sector and other donors.	<ul style="list-style-type: none"><li>Workshop to disseminate and update regional and provincial personnel in order to begin the licensure process in Region V</li></ul>												Dirección General de Habitación, DRS, DPS
	# of DPS where REDSALUD is working, under the coordination of SESPAS / DIGECITSS, in the implementation of the Provincial Operational Plans (POP) of HIV/AIDS.	<ul style="list-style-type: none"><li>Two workshops to follow-up on advances of the licensure process for health establishments and services in Region V and an exchange of experiences</li></ul>												
		<ul style="list-style-type: none"><li>Two inter-provincial and inter-institutional meetings to discuss application of the identified EPHF within the current legal framework and regulations in Region V.</li></ul>												Sub-secretaria AP, Sub-secretaria Técnica, PAI, Materno Infantil, PNCT, RRHH, Estadísticas, Planificación, Calidad
		<b>Technical support to various programs at SESPAS (PAI, Maternal and Child Health, Tuberculosis Control, Human Resources, Blood Banks, among others) to develop tools and strategies for regional and local service provider networks.</b>												
		<ul style="list-style-type: none"><li>Dissemination of relevant documents on management tools regarding patient-centered services, referral systems, quality care, management information, human resources performance, etc.</li></ul>												AM

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Programmatic Results (PR)	Indicators for Programmatic Results	Activities	2002					2003						Responsible	
			A	S	O	N	D	J	F	M	A	M	J		J
<b>PR 10.4.2a</b> Greater understanding and support, by central SESPAS leaders and personnel, of health service management tools and other innovations for reform and decentralization.  <b>PR10.4.2b</b> Mechanisms of coordination and control, that guide and regulate local and regional health service provider networks, formulated, promoted and applied by SESPAS.  <b>PR10.4.2c</b> Mechanisms identified and implemented to support SESPAS / DIGECITSS interventions focused on strengthening local programs and services for HIV/AIDS prevention and control.	# of SESPAS personnel in areas and departments related directly with REDSALUD, that participate in the elaboration, application and evaluation of one or more management tools at the local level.	• Meetings (3) to review appropriate management strategies that support central level development and creation of regional and local provider networks.													Sub-secretaria AP, Sub-secretaria Técnica, PAI, Materno Infantil, PNCT, RRHH, Estadísticas, Planificación, Calidad
	# of key SESPAS personnel at central and regional levels that are formally involved in the development of innovative management experiences during the 1st, 3rd and 5 <sup>th</sup> year of the Project.	• Meetings to monitor the development of the tools identified and currently being developed.													
	# of management and regulatory innovations in support of local level management formulated and implemented by SESPAS.	<b>Characterization of the HIV/AIDS problem in the Health Region where REDSALUD is working</b>													PLAMES / REDSALUD / MCW
		• Finish study underway in the 5 provinces in Region V													
	# of administrative and financial innovations in support of local level management formulated and implemented by SESPAS.	# of support activities for HIV/AIDS services, coordinated with SESPAS / COPRESIDA / DIGECITSS, other governmental organizations, the private sector and other donors.	• Present and disseminate report												PLAMES / REDSALUD / DIGECITSS / DRS / DPS
			• Disseminate study results and elaborate short term plan												
	# of DPS where REDSALUD is working, under the coordination of SESPAS / DIGECITSS, in the implementation of the Provincial Operational Plans (POP) of HIV/AIDS.	<b>Update Provincial Operational Plan (POP) in coordination with study findings</b>													
		• Design and implement management tools for demonstration projects responding to priorities identified by the updated POPs.													DIGECITSS / DPS / REDSALUD / Centros de salud / UNAP/ MCW
		<b>Support to DIGECITSS within the framework of application of management tools</b>													
		• Support to dissemination of STI norms in Region V according to the proposed plan and any other norms approved during the time period (awaiting approval: HIV care and counseling)													DIGECITSS / REDSALUD / DPS / DRS / MCW
		• Support to management of Vertical Transmission Program in health centers in Region V; specifically, monitoring and evaluation of the program.													
		• Support to strengthening of the epidemiological surveillance in select provinces in Region V.													

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REDSALUD OPERATIONAL PLAN AUGUST 2002- JULY 2003  
"POLICY COMPONENT"

**Intermediate Result 10.4.3** *Improved understanding and cooperation, by central and local level political and technical heath sector actors (public and private), for planning and implementing health reform effectively.*

**Indicator:** Degree of local autonomy measured through a decentralization index.

**Indicator:** Score on Milestone Index for Health Sector Reform.

Programmatic Results (PR)	Indicators for Programmatic Results	Activities	2002					2003						Responsible		
			A	S	O	N	D	E	F	M	A	M	J		J	
PR10.4.3 Improved community and stakeholder knowledge, awareness, and practices in support of health sector reform	Number of events (forums, policy presentations), initiatives and agreements (performance agreements) established among sector stakeholders and the community in support of reform.	Support to the formulation and approval of complementary regulations within the new legal framework													EDL, ESC, EP	
		• Identify opportunities and develop closer ties with stakeholders in order to support formulation of regulations such as the separation of functions, service provision, provider contracting, decentralization, SESPAS transition, human resources, medication and inputs.														
		• Support to the formulation of regulations and institutional development of SISALRIL, DIDA and the National Health Insurance.														
		• Support to the preparation of draft complementary regulations														
		• Support to the presentation and discussion of draft complementary regulations with stakeholders														
		• Activities that promote regulation approval and diffusion														
	Number of IEC activities (newsletters, reports, community presentations) and training events about various aspects of reform.	Utilization of policy situational analysis at the local level to implement appropriate strategies														EDL, ESC, EP
		• Organize a curse in <i>PolicyMaker</i> for key players of new institutions such as SISALRIL, CERSS, DIDA, SNS, General Manager of CNSS.														
		• Political mapping planning process for the new demonstration projects														
		• Promote the start of Social Security, SNS and the Regional Health Services network in Region V.														
		• Support to EDL in the creation of community support committees for social security at the local level.														
		• Conduct seminar/visit to Chile with health and social security leaders.														
		• Organize and participate in the XII Forum: Basic Health Plan and Social Security														

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Programmatic Results (PR)	Indicators for Programmatic Results	Activities	2002					2003						Responsible		
			A	S	O	N	D	E	F	M	A	M	J		J	
PR 10.4.3 Improved community and stakeholder knowledge, awareness, and practices in support of health sector reform	Number of events (forums, policy presentations), initiatives and agreements (performance agreements) established among sector stakeholders and the community in support of reform.														EP	
		Policy dialogue and local level presence														
		• Organize breakfast conferences (3 Santo Domingo and local level local)														
		• Two workshops with regional health personnel coordinated with AMD (Regional Health Services, National Health Insurance)														
		• Support to Social Security Committee in Region V														
		• Organize regional workshops to diffuse and socialize the laws.														
		Collect and disseminate information on topics related to health and reform													EP (GDLR) EP (CA)	
		• Collect, analyze and circulate information on heath sector reform														
	• Support to REDSALUD’s quarterly newsletter															
	Number of IEC activities (newsletters, reports, community presentations) and training events about various aspects of reform.	Training and Advocacy														EP, ESC, EDL
		• Systematize and diffuse lessons learned in the study tours														
		• Support to information and advocacy concerning social security														

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